

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214526254					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Sam Schwartz Engineering, P.C. (USED IN VA BY: SAMSCHWARTZ ENGINEERING, D.P.C.)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORPORATING SERVICES LTD 7288 HANOVER GREEN DR MECHANICSVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F1923764</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000	
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COMMON	10,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 322 Eighth Avenue 5th floor</p> <p style="text-align: center;">CITY/ST/ZIP: NEW YORK, NY 10001</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: SAMUEL SCHWARTZ TITLE: PRESIDENT ADDRESS: 2 CHARLTON ST APT 6FG CITY/ST/ZIP/CO: NEW YORK, NY 10014 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: SAMUEL SCHWARTZ TITLE: PRESIDENT ADDRESS: 2 CHARLTON ST APT 6FG CITY/ST/ZIP/CO: NEW YORK, NY 10014	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	JEFF SMITHLINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	129 JACKSON ST UNIT B		
CITY/ST/ZIP/CO:	HOBOKEN, NJ 07030		
NAME:	JEFFREY SMITHLINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1300 BLOOMFIELD ST		
CITY/ST/ZIP/CO:	HOBOKEN, NJ 07030		
NAME:	PETER WOJTKIEWICZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	157 S. VAN NORTWICK		
CITY/ST/ZIP/CO:	BATAVIA, IL 60510		
NAME:	HAROLD SCHWARTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4 SOUTH LAKE DRIVE		
CITY/ST/ZIP/CO:	STAMFORD, CT 06903		
NAME:	JEFFREY TRIM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10205 TALBOT PLACE		
CITY/ST/ZIP/CO:	TAMPA, FL 33626		
NAME:	GERARD SOFFIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	274 ARGYLE ROAD		
CITY/ST/ZIP/CO:	BROOKLYN, NY 11218		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SAMUEL SCHWARTZ	SAMUEL SCHWARTZ, PRESIDENT	5/21/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			